



**TOWN OF STONINGTON  
ASSESSOR'S OFFICE  
152 Elm Street • Stonington, Connecticut 06378  
(860) 535-5098 • Fax (860) 535-5052**

**April 15, 2015**

**Dear Property Owner:**

**The enclosed income and expense forms are due on or before the CLOSE OF BUSINESS on JUNE 1, 2015; and failure to file on time shall result in the addition of a 10% assessment penalty. An extension of up to thirty (30) days may be granted for "good cause" upon written request to the assessor, when such request is received no later than May 1st.**

**The assessor and board of assessment appeals may waive penalties upon written request "...if the owner of the real property required to submit the information is not the owner of such property on the assessment date for the grand list to which such penalty is added."**

**Marsha L. Standish, CCMA II, CCMC  
Assessor**

# VERIFICATION OF PURCHASE PRICE

(Complete if the property was acquired on or after October 1, 2013)

PURCHASE PRICE \$ \_\_\_\_\_ DOWN PAYMENT \$ \_\_\_\_\_ DATE OF PURCHASE \_\_\_\_\_

FIRST MORTGAGE	\$ _____	INTEREST RATE _____	% PAYMENT SCHEDULE TERM _____	YEARS _____	(Check One) Fixed <input type="checkbox"/> Variable <input type="checkbox"/>
SECOND MORTGAGE	\$ _____	INTEREST RATE _____	% PAYMENT SCHEDULE TERM _____	YEARS _____	
OTHER	\$ _____	INTEREST RATE _____	% PAYMENT SCHEDULE TERM _____	YEARS _____	

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: Furniture? \$ \_\_\_\_\_ Equipment? \$ \_\_\_\_\_ Other(Specify) \$ \_\_\_\_\_

WAS THE SALE BETWEEN RELATED PARTIES? (CIRCLE ONE): YES NO APPROXIMATE VACANCY AT DATE OF PURCHASE \_\_\_\_\_ %

PROPERTY CURRENTLY LISTED FOR SALE? (CIRCLE ONE): YES NO

PROPERTY CURRENTLY LISTED FOR SALE? (CIRCLE ONE): YES NO

IF YES, LIST THE ASKING PRICE: \$ \_\_\_\_\_ DATE LISTED: \_\_\_\_\_ BROKER: \_\_\_\_\_

Remarks -- Please explain any special circumstances or reasons concerning your purchase (e.g., vacancy, conditions of sale, etc.): \_\_\_\_\_

All Filers should complete:

## DECLARATION

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE INFORMATION CONTAINED HEREIN, ACCORDING TO THE BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY (Section 12-63c (d) of the Connecticut General Statutes).

SIGNATURE \_\_\_\_\_ NAME (Print) \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

RETURN TO THE ASSESSOR ON OR BEFORE THE CLOSE OF BUSINESS ON JUNE 1, 2015



# TOWN OF STONINGTON

## 2014 Annual Income and Expense Report

RETURN TO:  
Office of the Assessor  
Town Hall, 152 Elm Street  
Stonington, CT 06378

TEL • 860-535-5098  
FAX • 860-535-5052

**Property Location:** \_\_\_\_\_ **Property Owner:** \_\_\_\_\_  
(Must be filled in) (Must be filled in)

**FILING INSTRUCTIONS** - The Assessor's Office is preparing for the revaluation of all real property located in Stonington. In order to fairly assess your real property, information regarding the property income and expenses is required. Connecticut General Statute §12-63c requires all owners of rental property to **annually** file this report. **The information filed and furnished with this report will remain confidential in accordance with §12-63c(b), which provides that actual rental and operating expenses shall not be a public record and is not subject to the provisions of §1-210 (Freedom of Information) of the Connecticut General Statutes.**

**Please complete and return the completed forms to the Stonington Assessor's Office on or before June 1, 2015. Forms are also available on the Town of Stonington website @ [www.stonington-ct.gov](http://www.stonington-ct.gov).** In accordance with §12-63c(d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form timely or files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a ten percent (10%) increase in the assessed value of such property.

**GENERAL INSTRUCTIONS** - Complete these forms for all rented or leased residential, commercial, retail, industrial or combination use property. Identify the property and address. **Provide information for the 2014 Calendar Year.** **TYPE/USE OF LEASED SPACE:** Indicate use of the leased space (i.e., office, retail, warehouse, restaurant, garage, etc.). **ESC/CAM/OVERAGE:** (Circle if applicable) **ESCALATION:** Amount, in dollars, of adjustment to base rent either pre-set or tied to the Inflation Index. **CAM:** Income received from common area charges to tenant for common area maintenance, or other income received from the common area property, such as from ATMs, Kiosk, and etc. **OVERAGE:** Additional fee or rental income. This is usually based on a percentage of sales or income. **OPTION PROVISIONS/BASE RENT INCREASE:** Indicate the percentage or increment and time period. **PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate the property expenses & utilities the tenant is responsible for. Abbreviations may be used (e.g., "RE: for real estate taxes & "E" for electricity. **VERIFICATION OF PURCHASE PRICE** must be completed if the property was acquired on or after October 1, 2013.

**WHO SHOULD FILE** - All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. If you believe that you are not required to fill out this form, please call the number listed above to discuss your special situation. All properties which are rented or leased, including commercial, retail, industrial and residential properties, except "*such property used for residential purposes, containing not more than six dwelling units and in which the owner resides*", must complete this form. If a property is partially rented and partially owner-occupied this report must be filed.

**IF YOUR PROPERTY IS 100% OWNER-OCCUPIED, OR 100% LEASED TO A RELATED CORPORATION, BUSINESS, FAMILY MEMBER OR OTHER RELATED ENTITY, PLEASE INDICATE BY CHECKING THE FOLLOWING BOX** ☐

**HOW TO FILE** - Each summary page should reflect information for a single property for the year of 2014. If you own more than one rental property, a separate report-form must be filed for each property in this jurisdiction. An income and expense report summary page and the appropriate income schedule must be completed for each rental property. Income Schedule A must be filed for apartment rental property and Schedule B must be filed for all other rental properties. **All property owners must sign & return this form to the Assessor's Office on or before June 1, 2015 to avoid the Ten Percent (10%) Assessment penalty.**

**Extensions of up to 30 days may be granted upon a written request for "good cause" when such request is received on or before May 1st.**

**A COMPUTER PRINT-OUT IS ACCEPTABLE AS LONG AS ALL THE REQUIRED INFORMATION IS PROVIDED**

**RETURN TO THE ASSESSOR ON OR BEFORE June 1, 2015**

***Town of Stonington Assessor's Office***  
**Skilled Nursing Facility**  
**Income and Expense Survey for Calendar Year 2014**  
**(Due June 1, 2015)**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable): \_\_\_\_\_

Property Address: \_\_\_\_\_

Form Preparer/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**General Data**

Number of Rooms (or Units) \_\_\_\_\_

Number of Licensed Beds \_\_\_\_\_

**Potential Gross Income (At 100% Occupancy):**

Type of Patient		Daily Reimbursement Rates	Census (# Patient Days)	Annual Income
Private Pay	Private			
	Semi-private			
	Wards			
VA	Skilled			
	Intermediate			
HMO	Semi-private			
Medicare	Semi-private			
Medicare	Semi-private			

Potential Annual Rental Income (Full Occupancy) \$ \_\_\_\_\_

Ancillary Income: \$ \_\_\_\_\_

**Total Potential Gross Income** \$ \_\_\_\_\_

Annualized Vacancy and Collection Loss: \$ \_\_\_\_\_

**Effective (Actual) Gross Income** \$ \_\_\_\_\_

(Skilled Nursing Facility Property Cont'd.)

**Annual Operating Expenses:****Fixed Expenses**

Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Insurance	\$ _____

**Variable Expenses**

Administration/Marketing/Activities	\$ _____
Food Service	\$ _____
Housekeeping and Laundry	\$ _____
Nursing and Personal Care	\$ _____
Maintenance & Janitorial	\$ _____
Utilities	\$ _____
Administrative, Legal & Accounting	\$ _____
Management Fees	\$ _____
Replacement Reserves (please explain below)	\$ _____

**Total Operating Expenses** \$ \_\_\_\_\_

**Net Operating Income** \$ \_\_\_\_\_

**If possible, please include a copy of your year end Income Summary.**

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, explain: _____
		_____
		_____

Comments or additional Information (may be attached): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature/Position\_\_\_\_\_  
Date